

STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

DIVISION OF MOTOR VEHICLES



Neil Kirkman Building, Tallahassee, FL 32399-0500

STATEMENT OF BUILDER

	REBUILT	ASPT	KIT CAR 🗆	OTHER: _				
S	ECTION I. DESCR	RIPTION OF	☐ MOTOR	VEHICLE	MOTORCYC	LE M	OBILE HOME	
1.	Year	Make	Identific	ation Number	Color	Body	Length	
2.	Title Number: _			1	itle State:			
3.	Other/Title Numb	oer:			itle State:			
4.	Motor Vehicle/M	otorcycle is c	omplete and ir	road operab	le condition.		(Initials)	
Mobile Home is habitable for residential or commercial purposes.							(Initials)	
	SECTION II. MAJOR COMPONENT PARTS USED IN THE BUILDING/REPAIR PROCESS							
1.	This section is no was purchased complete rebuilt	from			•			
List the major component parts used in the building/repair process (if additional spa please use form HSMV 84491).							is needed,	
	<u>Part</u>	New Use	ed Repaired	Aftermarket	<u>Homemade</u>	Sourc	ee/VIN	
_								
_								
bu as tai	ote: Major comportment, cowl assensemblies, engine, nks and fenders), when Section II needed, please major componer	nbly, rear bod frame, or tran engine, transn (1) is not app use form HSI	y section (both smission; mobi nission, drive tr blicable, descri MV 84491. At	quarter panelule home - the ain assembly, the the repair tach the origin	s, deck lid, bump frame; and moto and front fork as s made in detail. nal MSO, bill of s	er, and floor parcycle - frame sembly. (if additional sale(s), or received.	an), door (to include space is eipt(s) for all	
_	Number of Rece	vinte:	MUOT	00115	OT #40 !!	IODEOT	ION FEE	
→.	MANUEL OF LAGOR	ληνιο. <u></u>	– WUST	COLLE	CT \$40 IN	125FC[]	UNFFF	

AND BRAND TITLE AS APPROPRIATE.

SECTION III. APPLICANT INFORMATION AND SIGNATURE Date: _____ UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS PROVIDED HEREIN ARE TRUE. NO MATERIAL INFORMATION REGARDING THE MOTOR VEHICLE, MOTORCYCLE, OR MOBILE HOME HAS BEEN OMITTED. PRINTED NAME OF APPLICANT/BUSINESS PRINTED NAME OF CO-APPLICANT/BUSINESS STREET ADDRESS STREET ADDRESS CITY STATE ZIP CITY STATE ZIP TELEPHONE NUMBER: TELEPHONE NUMBER: _____ SIGNATURE OF CO-APPLICANT/BUSINESS SIGNATURE OF APPLICANT/BUSINESS SECTION IV. DMV USE ONLY Signature below only attests to DMV inspection and does not apply to verification of Sections I, II, or III, completed by applicant. VIN:_____ Title Number: Title State: _____ Odometer: _____ Year: _____ Make: ____ Body: _____ Color: ____ Audit #: _____ Region #: _____ Please mark the appropriate answer: ☐ Yes Secondary VIN Verified No Previous Rebuilt Title Yes No Federal Decal Intact Yes **NICB Check** ☐ Yes □ No No Replacement VIN Plate/Decal Tax Due On: Yes No Vehicle Painted Prior Component Parts Marked Yes No to Inspection Yes No This ASPT/Vehicle resembles a: ☐ With Tongue Mobile Home Use Only: Mobile Home was measured ☐ Without Tongue or Comments: Under penalties of perjury, I declare that I have made inspection of this motor vehicle, motorcycle, or mobile home and completed Section IV based on that inspection. Signature of Inspector Inspector's Badge ID Number

Date

HSMV 84490(S) (Rev. 10/06)

Print Name of Inspector